

- "(B) BEGINNING.—Such period shall begin on the enrollment date.
- "(C) RUNS CONCURRENTLY WITH WAITING PERIODS.—An affiliation period under a plan shall run concurrently with any waiting period under the plan.
- "(3) ALTERNATIVE METHODS.—A health maintenance organization described in paragraph (1) may use alternative methods, from those described in such paragraph, to address adverse selection as approved by the State insurance commissioner or official or officials designated by the State to enforce the requirements of this part for the State involved with respect to such issuer.
- "SEC. 2702. PROHIBITING DISCRIMINATION AGAINST INDIVIDUAL PARTICIPANTS AND BENEFICIARIES BASED ON HEALTH STATUS.**
- "(a) IN ELIGIBILITY TO ENROLL.—**
- "(1) IN GENERAL.—Subject to paragraph (2), a group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, may not establish rules for eligibility (including continued eligibility) of any individual to enroll under the terms of the plan based on any of the following health status-related factors in relation to the individual or a dependent of the individual:
- "(A) Health status.
- "(B) Medical condition (including both physical and mental illnesses).
- "(C) Claims experience.
- "(D) Receipt of health care.
- "(E) Medical history.
- "(F) Genetic information.
- "(G) Evidence of insurability (including conditions arising out of acts of domestic violence).
- "(H) Disability.
- "(2) NO APPLICATION TO BENEFITS OR EXCLUSIONS.—**To the extent consistent with section 701 paragraph (1) shall not be construed—
- "(A) to require a group health plan, or group health insurance coverage, to provide particular benefits other than those provided under the terms of such plan or coverage, or
- "(B) to prevent such a plan or coverage from establishing limitations or restrictions on the amount, level, extent, or nature of the benefits or coverage for similarly situated individuals enrolled in the plan or coverage.
- "(3) CONSTRUCTION.—**For purposes of paragraph (1), rules

for eligibility to enroll under a plan include rules defining any applicable waiting periods for such enrollment.

"(b) IN PREMIUM CONTRIBUTIONS. —

"(1) IN GENERAL. — A group health plan, and a health insurance issuer offering health insurance coverage in connection with a group health plan, may not require any individual (as a condition of enrollment or continued enrollment under the plan) to pay a premium or contribution which is greater than such premium or contribution for a similarly situated individual enrolled in the plan on the basis of any health status-related factor in relation to the individual or to an